

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042111

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10877

STATE FILE NUMBER

FILE NOV 15 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois COUNTY

c. CITY OR TOWN Centralia,

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

406 Cedar St.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First  
MAYNARD

Middle

Last  
TAXMAN

4. DATE OF DEATH

Month Day Year  
November 1 19635. SEX  
Male6. COLOR OR RACE  
White7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
4-1-19059. AGE (last birthday)  
5810. IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Oil refinery Business

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Rock Island, Ill.12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

Jacob Taxman

13b. MOTHER'S MAIDEN NAME

Sophia Waxenberg

14. NAME OF HUSBAND OR WIFE

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15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

M. W. Taxman 215 N. Pine

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Basilar artery insufficiency Centralia, Ill.

INTERVAL BETWEEN ONSET AND DEATH  
3 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/28/59, to 11/1/63 and last saw him alive on 11/1/63  
Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

11/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE

11-2-1963

23c. NAME OF CEMETERY OR CREMATORY

Rose Hill Maus.

23d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Rindskopf

5216 Delmar

25. DATE RECD. BY LOCAL REG.

NOV 4 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

1

2 8/20/72

3

4 0

5 0

6

7 1

8 1

9

10

11

12 52-0

13

52

Illinois  
Centralis,  
408 Cedar St.

Rock Island, Ill. U. S. A.  
A. S. A.

Sophie Waxenberg  
M. W. Tarned 215 N. Pine  
Centralis, Ill.

Oil refinery business  
Jacob Taxman

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Keller  
Licensed Embalmer No. 3880  
P. O. Address St. Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Removal  
Rose Hill Mausoleum  
Kansas City, Mo.

Removal  
Rose Hill Mausoleum  
Kansas City, Mo.